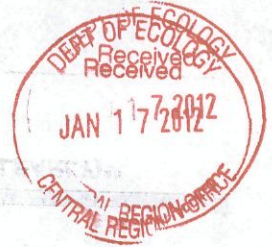




STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards



**A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use  
☐ Add purpose(s) of use  
    Change point(s) of diversion/withdrawal  
    Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
    Other (i.e. consolidation, intertie, trust water)

Explain: The water is being acquired for instream flow  
Purposes and will be placed in the Washington State Water  
Trust program.

*CS4-SWC 00355@2* *CHCL-12-01*  
*OKANDOS*

<b>FOR OFFICE USE ONLY</b>	
CHANGE No. <i>CHCL-12-01</i>	WRIA <i>49</i>
DATE ACCEPTED <i>02-07-2012</i> <i>1/12/12</i>	BY <i>[Signature]</i>
FEE \$ <i>1000.00</i>	REC'D <i>1/12/12</i> <i>01-17-2012</i>
CHECK No. _____	
SEPA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <b>Michael Wright and Stanalee Wright</b>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE

CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Mark Peterson</b>	PHONE NO. <b>( 509 ) 264-1882</b>	FAX NO.
ADDRESS <b>1227 First Street</b>		
CITY <b>Wenatchee</b>	STATE <b>WA</b>	ZIP CODE <b>98801</b>

*54-01864CWRIS*

<b>FOR OFFICE USE ONLY</b>			
APP. NO. <i>01864</i>	PERMIT NO. <i>00857</i>	CERT. NO. <i>00355</i>	CERT. OF CHANGE NO. _____

*CS4-SWC00355@2*

*CHCL-12-01*



## 2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <b>SWC I-355</b>	RECORDED NAME(S) <b>Tonasket-Okanogan Orchards, Inc.</b>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

*Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.*

## 3. Point(s) of Diversion/Withdrawal:

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Okanogan River				6	36 N.	27 EWM		

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Same								

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

## 4. Purpose of Use:

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 85 acres	1.7 cfs	357	April 1 to October 1

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Instream flows	1.7 cfs	357	April 1 to October 1

## 5. Place of Use:

### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Government Lots 1 and 2 and the NE ¼ of the SE ¼ of Section 6 and Government Lot 1 in section 5 all in T37N., R 27 E.W.M in Okanogan County, Washington.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		5 and 6	36N	27 E	Okanogan	3627061001 3627062001 3627053004 3627060016 3627060036 3627310033	85
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							



**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Okanogan and Columbia Rivers from the authorized point of diversion downstream.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ NO – IF NO, PROVIDE OWNER(S) NAME; NA

**Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.**

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
YES – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): SWC I-356, GWC 6-2936A, and G4-26610C

**6. Remarks and Other Relevant Information:**

The purpose of this application is to change the irrigation water right associated with the subject certificate to an instream flow purpose within the Okanogan and Columbia Rivers.

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## 7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.\*

\_\_\_\_\_  
(Applicant)                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

\_\_\_\_\_  
(Water Right Holder)                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

Michael O. Fink                      08/11/10  
(Land Owner(s) of Existing Place of Use)                      (Date)

\*The Land Owner Signature herein is intended to demonstrate consent to the application, however the Land Owner does not make any representations as to the extent and validity of the subject water right.

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

### WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED                      ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED                      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Colville Business  
Council Chair*



Okanogan and Columbia Rivers

# 7. Remarks and Other Relevant Information:

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

# 8. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

Stanlee Wright 7/29/2010  
(Applicant) (Date)

Stanlee Wright 7/29/2010  
(Water Right Holder) (Date)

\_\_\_\_\_  
(Land Owner(s) of Existing Place of Use) (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- ☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_